



Great River Ontario Health Team

Lived Experience Partners

EXPRESSION OF INTEREST APPLICATION

Lived Experience Partners refers to patients (hospital or primary care), residents (long-term care), clients (home and community care), families and caregivers.

We are recruiting for a variety of opportunities:

Members for the Great River OHT Lived Experience Partners Table (LEPT)

LEPT is an organized group of patients, families, caregivers and people with lived experience who will become an important team within our OHT. It has the potential of contributing to decision-making throughout the many levels of our GW OHT. Its goal is to contribute patient and family voice to the ongoing design and development of an equitable, integrated healthcare system for our region. This has the potential to improve the health and well-being of the entire population of Stormont, Dundas, Glengarry, City of Cornwall, rural Southeast Ottawa and Russell Township and Akwesasne. Time commitment is minimum 2 hours per month (set meeting times during the day) with opportunity for more project-based work on occasion. *Minimum 2-year commitment.*

Members to sit on Great River OHT working groups

The OHT has several ongoing working groups and tables that are made up of staff from the various healthcare partners across Stormont, Dundas, Glengarry, City of Cornwall, rural Southeast Ottawa and Russell Township and Akwesasne. The OHT's goal is to have at least two patient partners on each of the OHT tables and working groups. There are several groups, each with their own area of focus. On the application form, you may indicate working groups or tables of interest. Each working group's members work collaboratively on different projects, initiatives, helping to lead the work for the OHT in that area of focus. Time commitment varies per team or working group, but the commitment is around 2-5 hours per month (at set ahead daytime meetings). *Minimum 1 year commitment.*

Occasional engagement as required

The Great River OHT is committed to becoming connected with a wide variety of healthcare users and their communities. We recognize that not every volunteer can make a regular commitment. There will be times throughout the year when the OHT will want to speak with a broader group. Over time there will be the need for a pool of patients, families, caregivers and people with various lived experiences to draw from, in order to understand patients' and families' experiences on a certain topic and their recommendations. This time commitment will vary and participation in the opportunities will be optional. *There is no ongoing commitment required.*

**The main method of communication about upcoming opportunities will be through email.
The engagement may be virtual or in person.**

Expression of Interest Application

Candidate's Name: _____

Home Address: _____

Preferred Phone: _____ Email: _____

1. Preferred method of contact: Phone Email

2. When is the best time to contact you? Daytime Evenings Weekends

3. Are there any special accommodations you might need to enhance your participation?

4. The following best reflects me (choose all that are applicable):

I'm a patient/client/resident

I'm a family member

I'm a caregiver

Other – Please describe: _____

5. Please tell us if you identify with any of the following (choose all that apply):

Indigenous People

Francophone Community

Mental Health and Addictions
Community

LGBTQ2 Community

The Dementia Community

The Child and Youth Community

Visible Minorities

Persons with Disabilities

Elderly/seniors

Other: _____

6. Which part(s) of the healthcare system do you have experience with? Please check off all that apply.

- Home Care
- Community Mental Health Agency
- Community Support Services (e.g., Transportation, Adult Day Program, Meals on Wheels)
- Primary Care (e.g., your doctor or nurse practitioner)
- Hospital
- Hospice Palliative Care
- Long-Term Care Home
- Retirement Residence
- Social Services
- Other (please describe): _____

7. What would make you a good candidate for this role?

8. Have you ever participated on a similar Advisory Group, Council, Board or Committee previously?

Yes No If yes, please describe:

9. When is the best time for you to attend meetings? (check all that apply)

Weekdays Weekends Mornings Afternoons Evenings

10. We recognize you have busy lives. How much time are you able to commit to being involved each month? (check one)

- Less than one hour per month
- One to two hours per month
- Three to four hours per month
- More than four hours per month

11. What level of engagement are you interested in? (see above for explanations on levels)

- Member of the Great River OHT Lived Experience Partners Table
- Great River OHT working groups
- Occasional engagement as required
- I'm not sure yet, I'd like to discuss further

12. Please provide any other comments that would support your Expression of Interest for membership on the Expert Group.

In addition to completing the above, you may also attach a current copy of your resume (if applicable) for consideration.

Please submit this Expression of Interest to:

By email to:

Sarah Good, Engagement and
Population Health Specialist
Great River OHT
s.good@cscestrie.on.ca

By mail:

Attn: Sarah Good
Great River Ontario Health Team
841 Sydney Street #6
Cornwall, ON K6H 3J7